



***“The convenience card has been
a wonderful addition!”***

– Anonymous

***“I just wanted to let you know that
I LOVE the new convenience card!
It is great!”***

Brenda – New Mexico

***“I want to thank you
for your incredible web site.
Thank you for making my life
a little easier!”***

Scott – Texas

***“It’s obvious from the help
I received that I am dealing with
a first class company.”***

George – Colorado

***“I love this new service
and it shows a superior level
of customer service.
Thank you!”***

Jennifer – Texas

What to Do if you Receive a Letter...

1. Respond as soon as possible.
2. Just follow the instructions in the letter and provide:
 - Copy of the letter
 - Documentation of your expense (co-pay receipt, EOB or itemized statement)
 - Do **not** send the credit card receipt
3. Mail to the address below, or fax to (402) 231-4307

To protect your card and be sure it’s available when you need it, remember to keep all receipts and respond promptly to any letters requesting documentation!

Two Reimbursement Options...

You can use the card for qualifying expenses, or you can file a traditional paper claim. The choice is yours! The convenience of the card is that it’s fast, easy and you’re not out-of-pocket any money. Either way, you still enjoy significant tax savings!



PayFlex
Delivering on the Promise

PayFlex Systems USA, Inc.

P.O. Box 3039
Omaha, NE 68103-3039
www.mypayflex.com

Flex Convenience® Card

The Easy Way to Pay



www.mypayflex.com

PayFlex
Delivering on the Promise

PayFlex Systems USA, Inc.

Convenience & Ease of Use



Using the *Flex Convenience*® card to pay for qualifying expenses is easy! The advantages are:

- **Improved cash flow** – you don't have to pay money out of your pocket when you present the card.
- **It's easy** – just save your receipts and you don't have to complete a claim form.
- **It's fast** – you don't have to wait for a reimbursement check to arrive in the mail.

Qualifying Expenses

You can use the card for a variety of health care products and services. Here are just a few:

- Prescription drug co-pays
- Physician office visit co-pays
- Hospital emergency room co-pays
- Plan deductibles and coinsurance amounts
- Eye exams, eyeglasses, prescription sunglasses
- Contact lenses & cleaning solutions
- LASIK eye surgery
- Orthodontics
- Hearing exams, hearing aids & batteries

For more detailed information about eligible and ineligible expenses, visit the FSA Service Center at www.mypayflex.com.

Your plan is regulated by the IRS; therefore, this information is subject to change at any time and without notice.

You must comply with IRS guidelines by using the card only for qualifying expenses, and providing appropriate documentation to substantiate your expenses upon request. You will receive a letter from PayFlex requesting any necessary documentation.

How to Use the Card

- **Co-Pays** – The card works great for prescription drug or office visit co-pays. If you purchase a prescription drug along with non-qualifying items, be sure to ask the merchant to ***ring up the prescription separately*** so that you can use the convenience card. Remember to keep the pharmacy receipt.
- **Mail Order Prescriptions** – Use mail order whenever possible. You simply provide your card number and expiration date once, and you're set! Keep your mail order receipt.
- **Contact Lens Solutions** – The card also works great for purchasing contact lens solutions. Be sure to ask the merchant to ***ring up the solutions separately*** so that you can use the card, and keep the store register receipt.
- **Insurance** – If you have insurance, be sure the ***service provider submits the expenses to your insurance carrier first. Do not use the card at the time of service.*** Once you receive the Explanation of Benefits (EOB) from the carrier, you can then use your card to pay the balance provided you do this within the current plan year.
- **No Insurance** – If you don't have insurance, present your card for payment at the time of service and ask the provider for an itemized statement. This should include the provider's name & address, patient name, date of service or date item is ordered, description of product or service, and the dollar amount.
- **Prior Plan Year Expenses** – Do not use the card in the current plan year to pay for services provided or products ordered in the prior plan year. In this case, you must file a paper claim for the prior year's expense.



Remember these Conditions of Use...

- **Qualifying Expenses Only** – Use the card only for qualifying expenses, otherwise, you'll have to write a check back to the plan and the card may be inactivated.
- **Insurance Pays First** – Do not use the card where you have insurance until you receive the EOB from the carrier. After receiving the EOB, you may use the card to pay the balance at that time, provided you do so within the current plan year. If the plan year has ended, just complete and file the traditional paper claim form with the EOB.
- **Keep Your Receipts** – Keep copies of ***all*** receipts and itemized statements (not the credit card receipt) for each purchase. ***IRS regulations require you to substantiate expenses by providing this information upon request.*** In some cases you will be required to submit this documentation for review. You will receive a letter requesting the necessary documentation. If you do not provide the requested information, the card is inactivated and you must repay the plan.

Reasons the Card May Not Work

- **Inactivated** – If you fail to provide documentation per IRS regulations, the card will be inactivated until you comply.
- **Insufficient Funds** – If you try to use the card for an amount that is more than your remaining balance, it will be rejected.
- **Merchant Problem** – The merchant may encounter problems with coding or their own terminal.
- **Invalid Merchant** – The card is only accepted at healthcare and dependent care (child/adult daycare) providers who accept MasterCard®.